

The GUARDIAN

Watch Out!

Don't fall off that scaffold.

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Common Syndromes

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Cell Phone Radiation Facts.

A Roller Coaster Ride

Driving in Bahrain.

Explosive Safety

THE PRICE OF NEGLIGENCE CAN BE EXPLOSIVE!





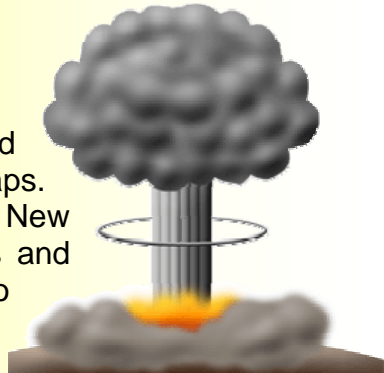
EXPLOSIVE SAFETY



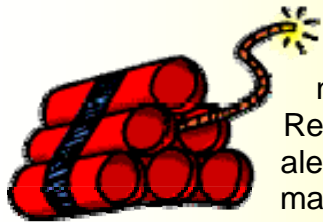
Explosive safety has never been more important or had a more visible role. There is sometimes a tendency on the part of explosive handlers and maintainers to become complacent in dealing with explosives and related systems. However, there is an absolute need to constantly re-emphasize the inherent dangers and procedures in dealing with explosives. Get in the instructions and focus on effective communication with all personnel who are involved in handling and dealing with explosives. Train and impress upon explosive handlers the need for 100% inventory accuracy, security, and reporting. Obtain lateral support from local agencies such as Explosive Safety Officer when needed. An aggressive explosives safety and accident prevention program will essentially help to prevent injuries and damage to equipment and potentially save lives.

Explosive Safety History

Explosives safety originated as a formal program in the US in the aftermath of World War I when several ammunition storage areas were destroyed in a series of mishaps. The most serious occurred at Lake Denmark Naval Ammunition Storage Depot, New Jersey, in July, 1926 when an electrical storm led to fires that caused explosions and widespread destruction. The severe property damage and 19 fatalities led Congress to empower a board of Army and Naval officers to investigate the Lake Denmark disaster and determine if similar conditions existed at other ammunition depots. The board reported in its findings that this mishap could recur, prompting Congress to establish a permanent board of colonels to develop explosives safety standards and ensure compliance beginning in 1928. This organization evolved into the Department of Defense Explosives Safety Board (DDESB) and is chartered in Title 10 of the US Code. Today, the DDESB authors DOD 6055.9-STD, Ammunition and Explosives Safety Standards. It also evaluates scientific data which may adjust those standards, reviews and approves all explosives site plans for new construction, and conducts worldwide visits to locations containing US title munitions.



ORDNANCE ACCIDENTS/INCIDENTS.



Complete understanding and strict adherence to specified safety regulations are necessary to avoid unsafe acts and conditions that cause preventable accidents. Repeated work is likely to become routine and lead to carelessness. Therefore, constant alertness on the part of the employee and close supervision by the supervisor must be maintained to prevent accidents in ordnance operations. As ordnance is designed to kill and destroy, it is dangerous and shall be treated so at all times. Accidents and incidents are brought about, for the most part, by the failure of personnel to know and strictly observe existing safety precautions. The leading causes of explosives mishap reports (EMR's) and conventional ordnance discrepancy reports (CODR's) are the following:

- a. Lack of training
- b. Improper procedures or failure to follow procedures
- c. Improper handling
- d. Lack of proper attention
- e. Inattention to detail
- f. Complacency



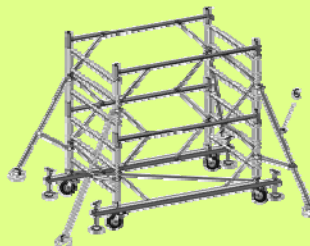
Source: ddesb.pentagon.mil

WATCH OUT! FALL HAZARD

Scaffolding accidents are as alarming as they are numerous, and some are tragic. In September 1992, an incident that took place in Pennsylvania where a 34-year-old bridge painter fell 364 feet to his death after a suspension cable snapped. But not all incidents end in tragedy. That same year, a construction worker in North Dakota fell 13 feet when a scaffold collapsed. Fortunately, he escaped serious injury because he was wearing a safety harness. Both incidents, each in their own way, underscore the importance of scaffolding safety.

The National Institute for Occupational Safety and Health (NIOSH) reports that falls are a leading cause of traumatic death on the job. Many of these incidents involve scaffolding. Scaffolds are working platforms suspended by ropes, or other means, from an overhead structure. Falls frequently occur as the result of:

- Improper installation or operation of scaffold equipment.
- Defective scaffold equipment.
- Insufficient worker safety training.
- Failure to provide or use personal fall protection equipment.



In 1971, the Occupational Safety and Health Administration (OSHA) sent out regulations designed to protect workers from the hazards of working from scaffolds. Yet, more than 30 years later, workers still die or suffer serious injuries in falls that could have been prevented.



All employees who work on scaffolds need to be informed about the hazards and learn accident prevention measures. In addition, they need to be properly trained before using any type of suspension scaffold or fall protection equipment.

Many official investigations about scaffolding accidents indicate that the deaths and injuries reported could have been avoided if OSHA regulations had been followed.

When working on a scaffold, take the following precautions:

- Learn and comply with current and proposed OSHA regulations for working with scaffolds. Proposed regulations include requirements about capacity, construction, access, use, and fall protection.
- Before stepping onto a scaffold, make sure its design and construction conforms to OSHA regulations.
- Shield all scaffold suspension ropes and body belt or harness system droplines from hot or corrosive processes, and protect them from sharp edges or abrasion.
- Always inspect all scaffolds, scaffold components, and personal fall protection equipment before use.
- All workers should be equipped with personal fall protection equipment including guardrail systems, body belts, and harness systems. It is the employer's responsibility to provide the equipment and to make sure it's used.
- Use structurally sound portions of buildings or other structures to anchor droplines for body belt or harness systems and tiebacks for suspension scaffold support devices.
- Secure all droplines and tiebacks to separate anchor points on structural members.



If you work from a scaffold, participate in any training programs offered and follow all manufacturers' guidelines about assembly, rigging, and usage.

CO Spearheads Safety Mission Region-wide

By Magdy S. Abdullah, NSA Bahrain

Regional Commander, Southwest Asia and Commanding Officer of Naval Support Activity (NSA) Bahrain Capt. Mark J. Deardurff issued a policy statement for Safety and Occupational Health Program, July 13 covering all activities and commands under Command Navy Region Southwest Asia.

Said policy statement redefines safety as a fundamental responsibility assumed with leadership role. The policy further substantiates that implementation, direction and control of Safety and Occupational Health (SOH) program shall be through the chain of command with line managers and supervisors being inherently responsible for sustaining a safe and healthful operations and working conditions for all personnel.

The Commanding Officer in his statement requires everyone to familiarize, support and implement the goals and objectives of Process Review and Measurement System (PR&MS). This self-assessment method, per OPNAVINST 5100.23G under the guidance of the Chief of Naval Operations, applies key processes namely: mishap prevention, regulatory compliance, supervision, training and customer-focused support in order to assist activities and commands in identifying gaps in their SOH programs and provide recommendations for improvement.

Emphasis on the essential role of supervisors is taken forward which includes ensuring that personal protective equipments (PPE) are provided for the workers while its proper use and maintenance are enforced to minimize the likelihood of occupational injuries and illnesses.

A behavior-based safety coupled with proactive and intrusive approach is expected among all personnel in positions of leadership and supervision.

Capt. Deardurff also calls for incorporating safety in all work practices such as taking immediate actions in the abatement of unsafe and unhealthful working conditions and maintaining Navy property and equipment in safe operating conditions.

Meanwhile, NSA Safety Office headed by Safety Manager Mr. Douglas Hermann is continuously renewing its mandate to ensure that NSA Bahrain is a safe and comfortable environment for all its employees and visitors. In addition, NSA Safety extends its assistance and technical support to other commands in the region such as Camp Lemonair in Djibouti as well as military facilities in Fujairah and Jebel Ali, U.A.E.

In order to measure program effectiveness, the annual NAVOSH self-assessment for NSA covering fiscal year 2006 is underway. Based on the results of such assessment, the safety office shall tailor and implement plans of action to address program areas in need of improvement.

As Mr. Hermann reiterates, 'ensuring safety is the primary mission of the office. The satisfaction the office comes from keeping work environment safe to enhance mission readiness.'

Moreover, Safety Office also informs all NSA offices and tenant commands that it is mandatory per OPNAV instruction to secure copy of CO's policy statement to be posted on their safety bulletin boards and by other means as appropriate.

To get a copy, please visit safety website: <http://www.me.navy.mil/nsa-safety>, contact DSN: 439-3527.



DEPARTMENT OF THE NAVY
COMMANDER, NAVY REGION SOUTHWEST ASIA

5100
00
18 JUL 2006

From: Commander, Navy Region Southwest Asia

Subj: POLICY STATEMENT FOR THE OCCUPATIONAL SAFETY AND HEALTH PROGRAM

1. Safety is a responsibility assumed with any leadership role. All aspects of the Navy Occupational Safety and Health Program (NAVOSH) shall be implemented throughout the chain of command and the Region. We must ensure and sustain a safe and healthy workplace for all our personnel.

2. The primary responsibility for the safety and well being of all employees rests with leadership. We must continually work to promote safe work practices, and to maintain property and equipment in safe operating conditions. Supervisors shall ensure that workers are provided with necessary personnel protective equipment, follow safe work practices and take immediate action to abate unsafe and/or unhealthful working conditions.

3. The Occupational Safety & Health program shall be implemented using the Process Review and Measurement System (PR&MS) as outlined in OPNAVINST 5100.23G. Everyone must become familiar with it, support and implement the goals and objectives established through PR&MS.

4. All personnel in positions of leadership and supervision must be proactive and intrusive in their approach to hazard mitigation and compliance with known standards.

5. It is my priority to ensure mission accomplishment while providing each person visiting the Region a comfortable environment free from known hazards.

MARK J. DEARDURFF

Distribution:
Activity Safety Boards

Enterprise Safety Application Management System (ESAMS)

By- Derrick D'souza, NSA Bahrain

CNI has selected one safety management software program across its enterprise for Safety and Occupational Health (SOH) data management of mishap reports, training, direct and indirect costs, medical surveillance, hazard analysis, etc.

Per RADM Christopher Weaver, CNI HQ "All CNI commands and all tenant commands receiving BOS Occupational Safety and Health (OSH) services from CNI regions shall implement and use ESAMS. An ESAMS implementation/training schedule has been provided to all CNI regions. In order to expedite the implementation process and ensure the continued success of ESAMS, each region shall assign an ESAMS coordinator and as a minimum, one alternate. Also, CNI Fire and Emergency Services (F&ES) have selected ESAMS to manage their F&ES program. Successful implementation of ESAMS will require support from Regional/Installation Commanders".

ESAMS provides a secure NMCI compliant web-based means to manage all facets of the Navy's safety and health programs. ESAMS will enable CNI to fully comply with all current OSHA and OSH standards, and provides real time data for headquarters and command level personnel allowing them to make informed decisions based on current data and metrics.

Training classes were held by HGW & Associates from 24 May 2006 to 02 June 2006 at NSA Bahrain. The safety office appreciates the initiative taken by the Tenant commands /contractors who attended the training. Requests for training classes for Supervisors and Safety Staff of Commands receiving OSH BOS services from Naval support activity –Bahrain should be directed to the NSA Safety Office at (318)-439-3527.

All personnel are requested to login onto ESAMS & update your profile using the following link:
https://www.hgwllc.com/ESAMS_GEN_2/LoginESAM_S.asp

Login information:

Remember....

User ID: Last Name (lower case) + Last 5 SSN

Initial Password: Last 5 SSN.... Once you login you will be asked to change your password.

The POC for queries & further information on ESAMS is Derrick D'souza at the NSA Safety Office.

Information on ESAMS is also available on the NSA Safety Website

URL: <http://www.me.navy.mil/NSA-Safety/>

How Does Overtime Impact Workers?

When management is faced with personnel shortages or the need to meet peak production demands and schedules, overtime is often the solution. But is it a wise decision?

Although management may view overtime as a temporary solution, it often becomes a standard way of managing work demands. In many instances, the extended overtime hours approach the same hours worked in a 12-hour shift system; however, the use of overtime is applied with little consideration to its consequences.

The health effects of extended work hours are well documented and include:

- Increased risk for cardiovascular disease
- Sleep disorders
- Depression
- Ulcers
- Gastrointestinal dysfunction and disorders
- Breast cancer
- Complications of existing medical conditions such as diabetes and epilepsy

In addition to these health effects, working overtime:

- Reduces the amount of quality time to spend with family members and meet family care demands, leading to increased levels of stress, irritability, and feelings of isolation.
- Increases the risk of substance abuse as workers resort to caffeine, stimulants, and tobacco to stay awake and alcohol and depressant drugs to fall asleep.
- Increases worker concern about their health and longevity.
- Increases absences for sickness and accidents.



Productivity and performance costs are often not apparent to management—but the truth is these costs can far exceed the direct costs of overtime. Just using the example of worker fatigue caused by extended hours—and resulting increased errors and accidents, decreased concentration, slower reaction time, failure to perceive and react to critical signals, impaired motor skills and coordination, decreased ability to handle stress, reduced problem-solving and decision-making abilities, and increased risk-taking behavior—reveals overtime is often not a smart solution.

Finally, and perhaps the strongest argument against extended work hours, productivity levels and work output do not increase in proportion to the hours worked. In fact, extending the workday often causes the tempo of work to slow down and the hourly output to decrease, especially in physically demanding jobs.

Source: ergoworkinggroup.com

NSA SAFETY WEBSITE

FORMS, ARCHIVES, INSTRUCTION, TRAINING SCHEDULES AND A LOT MORE..
<http://www.me.navy.mil/NSA-Safety>



Office Air Quality

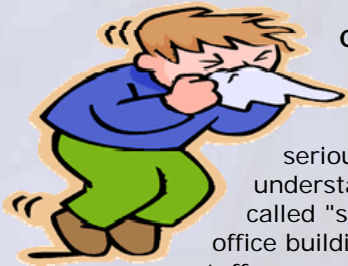
The quality of indoor air is critical to a healthy office environment. Poor air quality affects employees, causing a range of symptoms that include allergic reactions, mental and physical fatigue, headaches, and irritation of the eyes, nose and throat. On the other hand, good air quality enhances the health of both the workforce and a company's bottom line.

Poor air quality is caused by chemical contaminants such as fumes and biological contaminants such as fungi, molds, bacteria or viruses. These contaminants exist in every office. At high levels, they become a health risk.

Some specific and common contaminants include:

- Carbon monoxide from vehicle exhaust that is sucked into vents.
- Bacteria breeders such as moist plant soils and dehumidifier trays.
- Irritating ozone produced by photocopiers and other electrical equipment
- Chemicals emitted from walls, carpets and furniture.
- Photocopier toner or cigarette ash particles that become airborne and can be inhaled.

Air quality is also affected by temperature, humidity, and circulation. For instance, too much humidity causes microbes to grow. At the same time, air that is too dry causes a static electricity build-up. Static electricity causes particles to become suspended in the air, leading to skin rashes, nose and throat irritation, headaches, or dizziness.



Common Syndromes

Employees who suffer the symptoms of poor air quality may think that they merely caught a cold or a "bug" that is going around the office. However, their symptoms may stem from a more serious problem. Therefore, it is important to recognize the symptoms of poor air quality and understand the specific conditions that create a poor-air environment. In recent years, a new safety issue called "sick building syndrome" (SBS) has been diagnosed. SBS is common in tight or poorly ventilated office buildings, where poor air quality is common. Typically, employees develop symptoms such as fatigue, stuffy nose, dry throat, headache, eye irritation, shortness of breath, dizziness or nausea.

Office workers are also vulnerable to the "Monday morning syndrome." This syndrome occurs when a ventilation system is shut off for the weekend and stale air builds up. The stale air generates heat and moisture that breeds bacteria and fungi.

Clean Air Tips

There are many ways to improve air quality in the workplace. To promote a healthy atmosphere, employers should make sure that furniture, partitions and equipment are arranged so that they don't block circulation. In addition, ventilation systems should be checked regularly.

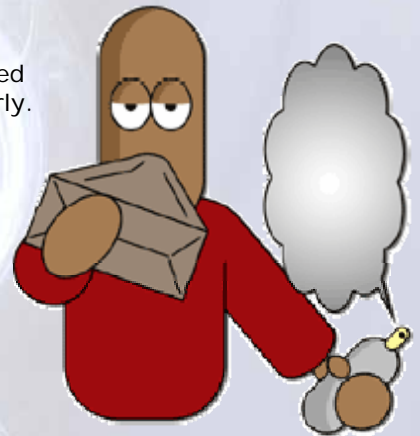
Employers also should promote a smoke-free workplace. Tobacco smoke is not only annoying to non-smokers; it is harmful to their health. The "sidestream" smoke that floats off the end of a burning cigarette is chemically toxic.

Air contamination often starts in a building's ventilation system. Therefore, employers should:

- Find out how their building's ventilation system works and check it for sources of contamination.
- Make sure the system is cleaned regularly and kept in proper working order.
- Leave the system on at night and weekends.
- Take the system design into account when making room for new employees or rearranging the office.
- Modify the system accordingly when installing heat-generating equipment such as photocopiers.

In addition, it is important to:

- Eliminate air contaminants at their source.
- Keep lids on containers of solvents.
- Keep photocopiers in rooms separate from employees.
- Disinfect any dehumidifier trays.
- Have the office air tested by a ventilation engineer or an industrial hygienist.



Source: safety-council.org

CELLULAR TELEPHONE - SPECIFIC ABSORPTION RATE (SAR)

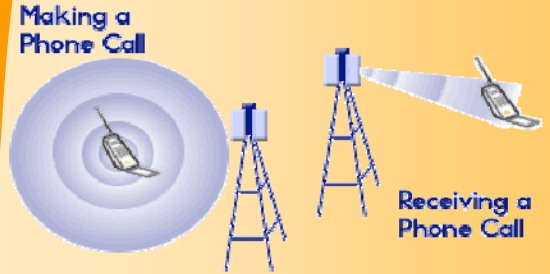
СЕЛЛУЛЯР ТЕЛЕФОНЕ - СПЕЦИФИЧ АБСОРПЦИОН РАТЕ (ЗАР)

CELL PHONE RADIATION FACTS

Compiled by Derrick D'souza, NSA Bahrain

Wireless telephones are hand-held phones with built-in antennas, often called cell, mobile phones. These phones are popular with callers because they can be carried easily from place to place. Wireless telephones are two-way radios. When you talk into a wireless telephone, it picks up your voice and converts the sound to radiofrequency energy (or radio waves). The radio waves travel through the air until they reach a receiver at a nearby base station. The base station then sends your call through the telephone network until it reaches the person you are calling.

When you receive a call on your wireless telephone, the message travels through the telephone network until it reaches a base station close to your wireless phone. Then the base station sends out radio waves that are detected by a receiver in your telephone, where the signals are changed back into the sound of a voice.



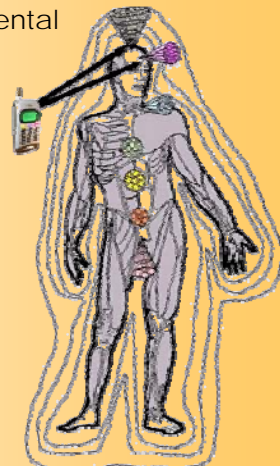
The Federal Communications Commission (FCC) and the Food and Drug Administration (FDA) each regulate wireless telephones. FCC ensures that all wireless phones sold in the United States follow safety guidelines that limit radiofrequency (RF) energy. FDA monitors the health effects of wireless telephones. Each agency has the authority to take action if a wireless phone produces hazardous levels of RF energy.

FDA derives its authority to regulate wireless telephones from the Radiation Control provisions of the Federal Food, Drug, and Cosmetic Act (originally enacted as the Radiation Control for Health and Safety Act of 1968). [<http://www.fda.gov/cdrh/comp/eprc.html>].

FCC derives its authority to regulate wireless telephones from the National Environmental Policy Act of 1969 (NEPA) and the Telecommunications Act of 1996 [<http://www.fcc.gov/telecom.html>].



Working closely with federal health and safety agencies, such as the Food and Drug Administration (FDA), the FCC has adopted limits for safe exposure to radiofrequency (RF) energy. These limits are given in terms of a unit referred to as the Specific Absorption Rate (SAR), which is a measure of the amount of radio frequency energy absorbed by the body when using a mobile phone. The FCC requires cell phone manufacturers to ensure that their phones comply with these objective limits for safe exposure. Any cell phone at or below these SAR levels (that is, any phone legally sold in the U.S.) is a "safe" phone, as measured by these standards. **The FCC limit for public exposure from cellular telephones is an SAR level of 1.6 watts per kilogram (1.6 W/kg).**



To find out your cell phone's radiation level visit: <http://www.fcc.gov/cgb/sar/>

Five highest-radiation cell phones (United States)

Manufacturer and model	SAR level (digital)
1. Motorola V195	1.6
2. Motorola Slvr L6	1.58
3. Motorola V120c	1.55
4. Motorola V265	1.55
5. Motorola Slvr L2	1.54

Five lowest-radiation cell phones (United States)

Manufacturer and model	SAR level (digital)
1. Audiovox PPC66001	0.12
2. Motorola MPx200	0.2
3. Motorola Timeport L7089	0.22
4. Qualcomm pdQ-1900	0.2634
5. T-Mobile Sidekick	0.276

DRIVING IN BAHRAIN:

Compiled by Asif Bin Thaj, NSA Bahrain

A Roller Coaster Ride!

Although the roads in Bahrain are generally very good, driving can be hazardous. An often-aggressive driving style coupled with poor enforcement efforts has created a dangerous driving environment. Inexperienced drivers combined with powerful cars and aggressive driving styles often result in tragedy.

Traffic accidents are frequent, often with deadly results. On weekends (Wednesday evening through Friday) many visitors from Gulf Cooperation Council (GCC) countries visit Manama to enjoy personal freedoms they cannot enjoy in their own countries. As a result, alcohol-related traffic accidents tend to spike on these days. Wearing seat belts is required by law but often is not complied with by the local population. As visitors we should be on the defensive:

- Anticipate other drivers cutting in front without warning
- Rapid multiple lane changes to access an exit
- Sudden unexpected stops
- Tailgating.

As in the United States, traffic in Bahrain moves on the right. The traffic systems use roundabouts (traffic circles) follow the British system, with those automobiles within the traffic circle having right of way over those attempting to enter. The roundabouts are everywhere, and some of them have 3-4 lanes going into them.

While there is a fine of at least 50 Bahraini Dinars for speeding (speed limits range from 50 to 100 km per hour), it is not uncommon to be passed by cars traveling 120 to 140 km per hour on the highway. A driver flashing his/her high beams is generally asking for a chance to pass.

Under Bahraini law, any sign of having consumed alcohol may be taken as prima facie evidence of driving under the influence, which can lead to imprisonment and/or fines of up to 1,000 Dinars (2,700 U.S. dollars). Mobiles (cell phones) are not allowed unless you have a hands-free attachment.

If you are involved in an accident, don't move the vehicle - stop immediately and contact the traffic police by calling 999 or Bahrain Accident Hotline 1768-8888/1768-5999 and NSA Base Security at 1785-4911 or 1785-3283. All parties involved in the

accident must pay a fine on the spot, no matter who is at fault. It is always a good idea to carry extra Dinar (BD 6.000 - 16.000) in your car should this happen to you. If the driver is not at fault, there is a fine of BD 6.000 for the traffic report, which can be reimbursed by the insurance company. If the driver is at fault, there is a fine of BD 16.000 for the traffic report. However, drivers involved in minor, non-injury accidents no longer need to wait at the scene for the police. Individuals should get their vehicles off the road to avoid further accidents, but must call the Bahrain Accident Hotline where they will be directed to one of five new centers to file the accident report.

Statistics:

A total of 137,096 traffic accidents were recorded in Bahrain between 2002 and 2004, statistics issued by the General Directorate of Traffic revealed. This included 196 fatal and 5,634 serious or minor injury accidents. The statistics show that 228 people were killed and 9,805 seriously injured during the period.

The accidents resulting in injury are more likely to occur during early afternoon and evening hours. The percentage of accident reported between 4pm and 5pm was 7.4 per cent and 36pc between 4pm and 10pm.

Of all drivers at fault in injury accidents, 42pc were within the age group of 20 to 29 years and 28pc had less than one year of driving experience.

Pedestrians are still continuing to be a serious concern of traffic accidents, especially children. The statistics revealed that 79 pedestrians were killed during the period, 440 were seriously injured and 1,176 suffered minor injuries. Among pedestrian casualties, 24pc were female and 30pc were children up to nine-years-old.

The Traffic Directorate reported nearly 33pc of all reported pedal cyclist accidents resulted in serious injury or death, adding that nine cyclists were killed and 375 were injured during the same period.

Source: Statistics from Gulf Daily News

NSA SAFETY WEBSITE
<http://www.me.navy.mil/NSA-Safety>

Hands-Free Devices Impair Driving

Does a hands-free device make it safer to talk on a cell phone while driving? According to one study, a driver's performance is impaired when distracted by even the simplest tasks, whether or not both hands are on the steering wheel. Until now, the slowing of reaction time under multitasking conditions, referred to as the psychological-refractory-period (PRP) effect, has been studied mainly with simple tasks in laboratory settings. But a new research study presents a unique perspective of how the PRP effect pertains to driving, perhaps the most ubiquitous real-world task where non-optimal performance can have serious consequences. The study was conducted by University of California, San Diego scientists Jonathan Levy and Harold Pashler, along with Erwin Boer of ERB Consulting. Their research appears in the article "Central Interference in Driving: Is There Any Stopping the Psychological Refractory Period?" in the March issue of *Psychological Science*.



Forty students participated in the study, which involved driving a car simulator, composed of a large plasma screen, a steering wheel, and gas and brake pedals located on the floor. In the simulation, students followed a lead car and were instructed to brake as soon as they saw the illumination of the lead car's brake lights (they were instructed to avoid gradual slowing even if it was possible). While subjects performed the braking task, they occasionally were required to respond to a concurrent easy task, where a stimulus -- either a light flash in the lead car's rear window or an auditory tone - was randomly presented once or twice. Participants indicated the stimulus' frequency, sometimes by pressing a key on the steering wheel once or twice and sometimes by saying aloud the words "one" or "two."



Subjects in the study braked more slowly when the easy task's stimulus was presented simultaneously or shortly before the brake lights, thereby demonstrating the PRP effect occurs with "real-world" tasks. Participants were 174 milliseconds slower at braking when the two tasks occurred at the same time than when they were presented 350 milliseconds apart. While 174 milliseconds may sound tiny, it translates to responses compared to visual stimuli (light flashes) and manual responses, meaning that even tasks that do not have a visual or manual component (like hands-free talking) can still lower response times when driving.

"This study joins a growing body of research showing that 'freeing up the hands' does not result in faster brake response times," said Levy, the lead author on the project. "Not everyone appreciates the processing cost while driving imposed by carrying out other tasks, even easy ones."

The article can be downloaded at http://www.psychologicalscience.org/pdf/ps/hands_free.pdf.

EVOLUTION OF SEAT BELTS

Safety belts predate cars. They were originally designed as devices to secure workmen and window-washers to their equipment when scaling tall buildings. Although they first appeared in cars in the 1920s, it wasn't until the 1950s that seat belts were offered--and even then only as options--by most car manufacturers. In those days seat belts were like belts on pants: the strap went round your waist and buckled in the center of the abdomen just like a belt buckle. This design was far from perfect: the buckle itself could cause severe abdominal injuries in a crash, and since there wasn't any shoulder strap, the upper body was unrestrained. Head, spinal and internal injuries were common in serious crashes.

In the 1950s, Volvo experimented with a diagonal seat belt that went across the passenger's chest, but this presented new

problems: in a crash the passenger's body tended to "submarine" or slip under the belt, at which point the passenger's neck could catch on the belt, causing severe neck lacerations or even decapitation. In 1958 a Volvo safety engineer named Nils Bohlin hit on the idea of combining both types of belts--the lap belt and the diagonal shoulder belt--and moving the buckle from the center over to the side. The modern "three-point" seat belt, so called because it is anchored to the car from on either side of the passenger's waist and over their shoulder, was born. It came standard equipment on all Volvos (front seats only) beginning in 1963; by 1968 all cars sold in the United States were required to have them. Since then they've reduced automobile fatalities by an estimated 75% and have saved more than a million lives.

Source: nsmc.us



SAFETY ADVISORY MEETING
0900-1000, 17 AUGUST 2006
CHAPEL

Good To Know

- Every part of these plants is poisonous: azalea, foxglove, nightshade, oleander, rhododendron.
- Those aged 19 and under constitute about 5%-6% of licensed drivers. However, they are involved in more than 12% of fatal accidents.
- The longest nonfatal fall known occurred when an air hostess for a Yugoslavian air-line dropped--without a parachute--33,000 feet over Czechoslovakia and survived.
- Men are seven times more likely than women to commit suicide at work and are twice as likely as women to die from accidental poisoning.
- Forty percent of the chemicals in apple juice (all naturally occurring) have been found to be carcinogenic in laboratory studies.
- Most likely sources of rabies: 1) Skunks, 2) Raccoons, 3) Bats, 4) Cats, 5) Dogs.
- An Australian company makes Eco-friendly coffins out of recycled newspapers.
- 60 Million: Number of American adults who suffer from inadequate sleep; 32: Percentage who lose sleep due to stress on a weekly basis.
- \$100 Billion: Estimated annual loss in dollars because of sleep-deprivation related problems in the United States.
- 100,000: Number of fatigue-related traffic accidents per year in the United States.

Source: makesafetyfun.com

Know Your Emergency Numbers

DSN : 439-4911

Commercial : 1785-4911

Local Emergency Number : 999

USEFUL LINKS

Navy Safety Center's website:

<http://www.safetycenter.navy.mil/default.htm>

For info on Naval Safety Center's Your One Stop Safety Shop go to:

<http://www.safetycenter.navy.mil/services/whattodo.htm>

For ORM E-Learning compliance go to:

www2.cnapp.navy.mil/www.safetycenter.navy.mil/services/NKO-E-Learning.htm
www.navylearning.navy.mil/

For AAA Driver Course info go to:

www.safetycenter.navy.mil/ashore/motorvehicle/aaa/default.htm

For Motorcycle Safety Course info go to:

<http://www.safetycenter.navy.mil/ashore/motorvehicle/motorcycle/default.htm>
www.msf-usa.org/

For Driving For Life info go to:

<http://www.nko.navy.mil/>

For New Federal Agencies Safety & Health Recordkeeping Rule info:

<http://www.osha.gov/recordkeeping/RKside-by-side.html>
<http://www.safetycenter.navy.mil/osh/downloads/finalrule.pdf>
<http://www.safetycenter.navy.mil/osh/downloads/recordkeeping.pdf>

For Safety Recalls/ Alert Resources go to:

<http://www-odi.nhtsa.dot.gov/cars/problems/recalls/>
<http://www.fsis.usda.gov/FsisRecalls/index.asp>
<http://www.cpsc.gov/cpscpub/prerel/prerel.html>
<http://www.fda.gov/opacom/7alerts.html>
<http://www.pueblo.gsa.gov/recallsdesc.htm>

Share your safety story...and make a difference...

For all you know...you have saved lives...

Send stories or testimonials to NSASafetyOffice@me.navy.mil
 or call your safety office at DSN 439-3527

Safety Shorts



Cyclists Best Shields

Nearly 30% of US Workforce is Obese

Obesity is increasingly common in American workers and is associated with sharply increased cardiovascular risk factors and work limitations, reports a study in the December Journal of Occupational and Environmental Medicine, official publication of the American College of Occupational and Environmental Medicine (ACOEM). The findings suggest that being obese adds the equivalent of 20 years of age in terms of increased cardiovascular risks and decreased productivity, writes a research group led by Robin P. Hertz, Ph.D., of Pfizer Global Pharmaceuticals, New York. Dr. Hertz and colleagues analyzed data on nearly 2,400 U.S. workers from a 1999-2000 nationwide health survey. Twenty-nine percent of workers were classified as obese, a substantial increase over the 20 percent obesity rate reported in a 1988-1994 survey. (Obesity was defined as a body mass index of 30 or higher.) Obesity had a substantial impact on workers' productivity. Seven percent of obese workers said they had some type of work limitation related to health or other problems, compared with three percent of normal-weight workers.

Drowning!

Drowning claims the lives of nearly 3,000 people every year. Although all age groups are represented, children four years old and younger have the highest death rate due to drowning. Most drowning and near-drowning incidents happen when a child falls into a pool or is left alone in the bathtub.

Bicycling is one of the most popular ways to get around, whether for recreation, sport or transportation. An estimated 57 million Americans ride bikes ranging from high performance, 18-speed, touring models, to "dirt bikes" equipped with balloon tires—and dozens of variations in between. Because about 900 bicyclists were killed and some 70,000 suffered disabling injuries (1999 statistics), it is clear that taking precautions in traffic and wearing protective equipment are a cyclist's best shields against unintentional injuries.

Drinking and Driving

A research note by NHTSA identified differences between age groups and within vehicle types; the age groups with the largest driver alcohol involvement in fatal crashes for passenger vehicle drivers were 20-29 and 30-39, whereas for motorcycle operators it was 30-39 and 40-49.

Confined Spaces..

CSB identified 85 nitrogen asphyxiation incidents that occurred in the workplace between 1992 and 2002. Of the 85 incidents reviewed, 42 involved contractors, including construction workers; these 42 incidents account for over 60 percent of the fatalities. Over 60 percent of these victims were working in or next to a confined space.

Source: National Safety Council, nsms.us, NHTSA
Digital Illustration by Felicia Moreland, AF

Photo of the Month

PARKING HAZARD



See, the guys driving these big, olive-green monsters don't really want to use spotters.

They're hustling around, trying to save a buck on salaries. There aren't enough people to be spotters and drive trucks both, they reason, plus it slows things down and keeps them from meeting their aggressive goal.

The question is, how many saved man-hours of not using spotters does it take to buy a van?

When you're weighing the risks, keep in mind that there probably aren't any fender-benders in this parking lot. Our source for this image figures the driver barely felt the van making like a mashed potato as he backed over it.

Still don't want to use a spotter? At least take the long way

around when you're climbing into your vehicle.

This one originated with an Air Force ground safety manager in Afghanistan.

Source: Naval Safety Center

Cover photo courtesy of army.mil.
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